



**TOWN OF RAYNHAM**  
**Selectmen and Board of Health**  
558 South Main Street  
Raynham, MA 02767  
Tel: 508-824-2766  
Fax: 508-824-1540

**APPLICATION FOR LICENSE TO OPERATE A TANNING FACILITY**

**Fee: \$125.00**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

TELEPHONE NUMBER OF OWNER: \_\_\_\_\_

TYPE OF ULTRAVIOLET LAMP OR TANNING DEVICE: \_\_\_\_\_

\_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

NAME AND ADDRESS OF TANNING DEVICE SUPPLIER, INSTALLER AND SERVICE AGENT

\_\_\_\_\_

\_\_\_\_\_

I certify that I have received, read and understand the requirements of these regulations.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.**

**Social Security Number or Federal ID:** \_\_\_\_\_

**Signature of Individual or Corporate Name:** \_\_\_\_\_

Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request